

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST Tania	MI
	NICKNAME	LAST Chozet	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 252 Columbia Ave.	APT / SUITE #;	CITY; STATE; ZIP CODE El Paso TX 79907
	5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (915)	PHONE NUMBER 859-2477
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Gustavo	MI
	NICKNAME	LAST Reveles	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3514 O'Keefe Dr. El Paso TX 79902		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (915)	PHONE NUMBER 256-3273
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 2 / 18 / 13 THROUGH Month Day Year 3 / 31 / 13		
11 ELECTION	ELECTION DATE Month Day Year 5 / 11 / 13		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) n/a		13 OFFICE SOUGHT (if known) City Representative, District 7

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Tania M. Chozet
15 ACCOUNT # (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE
☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME
n/a
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS
☐ additional pages

CITY CLERK DEPT.
2013 APR 11 PM 2:19

**17 CONTRIBUTION
TOTALS**
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

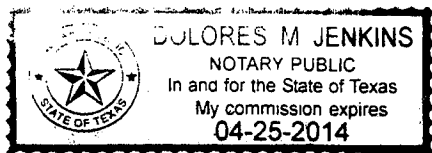
\$ 730.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 24,530.00
**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 477.12
4. TOTAL POLITICAL EXPENDITURES

\$ 4095.21
**CONTRIBUTION
BALANCE**
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ Ø
**OUTSTANDING
LOAN TOTALS**
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ Ø
18 AFFIDAVIT


I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Tania M. Chozet
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tania M. Chozet, this the 11th day of April, 20 13, to certify which, witness my hand and seal of office.

Dolores M. Jenkins
Signature of officer administering oath

Dolores M. Jenkins
Printed name of officer administering oath

Notary
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

1 of 15

2 FILER NAME

Tania Choze

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/22/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Myrna Deckert

6 Contributor address; City; State; Zip Code

4276 Canterbury Dr. El
Paso TX 799027 Amount of
contribution (\$)

250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

2/22/13

Full name of contributor

☐ out-of-state PAC (ID#)

Tracy Yellen

Contributor address; City; State; Zip Code

925 McKelligon Dr. 79902
El Paso TXAmount of
contribution (\$)

250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/13

Full name of contributor

☐ out-of-state PAC (ID#)

Kevin McCary

Contributor address; City; State; Zip Code

4749A Sir Gareth
El Paso TX 79902Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/23/13

Full name of contributor

☐ out-of-state PAC (ID#)

Veronica Escobar

Contributor address; City; State; Zip Code

3014 Copper Ave.
El Paso, TX 79930Amount of
contribution (\$)

100

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/25/13

Full name of contributor

☐ out-of-state PAC (ID#)

Roberto Velasco

Contributor address; City; State; Zip Code

1355 Loma Verde
El Paso TX 79936Amount of
contribution (\$)

125

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. SCHEDULE A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 2 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gloria + Charles Ambler	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1125 E Baltimore El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J Aguilar	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5704 Santis El Paso TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roberto + Sylvia Ortega	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1305 Lonewood El Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lina Ortega	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 Cincinnati El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/05/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elizabeth Leal	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1304 Rancho Grande El Paso TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Anna Cabot	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 535 S Mesa Hills Dr Apt 113 El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Taylor Moreno	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 400 Pocano Ln El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Bonnie Escobar	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1732 Charlie Smith Dr. El Paso TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Eddie Sosa	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5701 Los Cerritos El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Mark Cioz Ortega	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1201 Cincinnati El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

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SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 3 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rosemary Neill	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 901 Mesita Dr. El Paso TX 79902	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Selena Solis	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1210 Los Angeles El Paso TX 79902	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Adelman Spier	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 217 Blacker El Paso TX 79902	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael Wyatt	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2906 Silver El Paso TX 79930	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Katherine Brennan	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6006 Balcones Apt 27 El Paso TX 79912	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. **SCHEDULE A**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 5 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/27/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Renard Johnson	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1381 Diamond Gate El Paso TX 79936		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sofia Appleby	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1613 Dede Ln El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marina Moisvais	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2209 Pittsburgh El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ana Alenar	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3431 Fort Blvd El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jo Anne Bernal	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10651 Jarway El Paso TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/29/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark Groover	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6540 Loma de Cristo El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/31/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greg Hartley	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 708 Dover Ct. El Paso TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cynthia Lyons	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6381 La Posta El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Lauterbach	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 712 Yorkshire El Paso TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ed Escudero	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3820 Hillcrest El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/29/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ronald Wallace	7 Amount of contribution (\$) 300	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 221797 El Paso TX 79913		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elisa Lara	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10622 Park View El Paso TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/30/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ben + Carmen Floyd	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 109116 Art Wall El Paso, TX 79936		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott Kobren	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 122 Cerrito Bello El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/29/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Rash	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5304 Cory Ln El Paso TX 79932		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 8 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/25/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Skov	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code PO Box 310 Clint TX 79836		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JO Stewart	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 124 West Castellano Ste 213 El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/26/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John C Martin	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 609 Mt Cristo Rey El Paso TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/28/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James E Rogers	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5035 Meadowlark El Paso TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary Hedrick	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 328 Crimson Cloud Ln El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
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CITY CLERK DEPT.

SCHEDULE A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 9 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/13/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Hoy	7 Amount of contribution (\$) 500	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 700 Cincinnati El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve Fox	Amount of contribution (\$) 1,000	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1122 Airway El Paso TX 79925		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria Teran	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4804 Villa Encanto El Paso TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Raymond Palacios	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 637 Willow Glen El Paso TX 79922		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Lovelady	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code PO Box 51 Tornillo TX 79853		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 10 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/12/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick Francis 6 Contributor address; City; State; Zip Code 500 N. Mesa El Paso TX 79901	7 Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob Hoy Contributor address; City; State; Zip Code 201 Villa Serena El Paso TX 79922	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kirk Robison Contributor address; City; State; Zip Code 4445 N. Mesa Ste 100 El Paso TX 79902	Amount of contribution (\$) 2,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: J Robert Brown Contributor address; City; State; Zip Code 123 W. Mills Ave. Ste 610 El Paso TX 79907	Amount of contribution (\$) 2,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/19/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JA Cardwell Contributor address; City; State; Zip Code 6080 Surety Dr El Paso TX 79905	Amount of contribution (\$) 2,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

 CITY CLERK DEPT. **SCHEDULE A**
 2013 APR 11 PM 2:19

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 4 of 15	
2 FILER NAME Tania Choze		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 2/26/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jody Casey Feinberg 6 Contributor address; City; State; Zip Code 1000 Madeline Dr. El Paso, TX 79902	7 Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JoAnne Bernal Contributor address; City; State; Zip Code 10651 Janway El Paso TX 79935	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Charlie Gomez Contributor address; City; State; Zip Code 11420 Fred Marti El Paso TX 79936	Amount of contribution (\$) 100 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bill Sanders Contributor address; City; State; Zip Code 201 E Main Ste 350 El Paso TX 79901	Amount of contribution (\$) 2,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/12/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ginger Francis Contributor address; City; State; Zip Code PO Box 3739 El Paso TX 79923	Amount of contribution (\$) 1,000 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 11 PM 2:19

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 12 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/5/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nick Atkins	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1102 Emerson St Palo Alto CA 94301		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Engineer Software		10 Employer (See Instructions) Netflix	
Date 3/5/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mona Mehta	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 147 Union Jack Mall Marina del Rey, CA 90292		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions) Wells Fargo	
Date 3/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Kimble	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 305 W 18th Apt 2E NY NY 10011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Housing Attorney		Employer (See Instructions) City of New York	
Date 3/6/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Travis Cosban	Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 918 Galloway Dr		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Doctor - Resident		Employer (See Instructions) U	
Date 3/7/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward Wiggins	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1816 L St Sacramento CA 95811		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Dentist		Employer (See Instructions) Self	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 11 PM 2:19

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 13 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/7/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Snyder	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 286 Guerrero St San Francisco		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Director International Reporting		10 Employer (See Instructions) Gap Inc	
Date 3/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Oscar Omar Salazar	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 28 2nd St 3rd Fl San Francisco CA 94105		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marivel Oropeza	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3768 Bagley Unit 217 Los Angeles CA 90034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Dean		Employer (See Instructions) Crescades School	
Date 3/9/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessica Anna Cabot	Amount of contribution (\$) 300	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 535 S. Mesa Hills Apt 1123 El Paso TX 79912		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Las Americas	
Date 3/11/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Everett Saucedo	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2904 Grant Ave El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas RioGrande Legal Aid	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 APR 11 PM 2:20

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 14 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/13/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Christopher Leon	7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 6 W 95th St. NY NY 10025		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Software Developer		10 Employer (See Instructions) Real Time Risk Systems	
Date 3/13/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tina Stege	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6 W 95th St NY NY 10025		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
Date 3/14/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Luis David Garcia	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 237 Whittier El Paso TX 79907		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sonah Lee	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9114 McPherson Rd #4802 Laredo TX 78045		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) US Attorney		Employer (See Instructions) US Dept of Justice	
Date 3/18/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mario Centeno	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3013 E 14 1/2 Austin TX 78702		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Strategy		Employer (See Instructions) FreeScale	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

CITY CLERK DEPT.

POLITICAL CONTRIBUTIONS**OTHER THAN PLEDGES OR LOANS**

2013 APR 11 PM 2:20

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 15 of 15	
2 FILER NAME Tania Chozet		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 3/20/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura Ponce	7 Amount of contribution (\$) 250	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 128 Keeney Ct El Paso TX 79907		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Executive Director		10 Employer (See Instructions) Project Bravo	
Date 3/20/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gregg Brody	Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 66 Ninth Ave Apt 4N NY NY 10011		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Research Analyst		Employer (See Instructions) JP Morgan	
Date 3/23/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Everett Saucedo	Amount of contribution (\$) 150	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2904 Grant El Paso TX 79930		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Texas RioGrande Legal Aid	
Date 3/25/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wendy Viramontes	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10989 Gary Payer El Paso TX 79935		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Professional Organizer		Employer (See Instructions) Art of Organizing LLC	
Date 3/27/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deborah Kastrian	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3940 Flamingo El Paso TX 79902		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Kasco Ventures	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE B

Revised 09/28/2011

LOANS

2013 APR 11 PM 2:20

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

0

2 FILER NAME

Tania Chozet

3 ACCOUNT # (Ethics Commission Filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

n/a

6 Is lender
a financial
Institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account

☐16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 APR 11 PM 2:20

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 1 of 1	2 FILER NAME Tania Chozet	3 ACCOUNT # (Ethics Commission Filers)
4 Date 2/21/2013	5 Payee name Stanton Street	
6 Amount (\$) 1700	7 Payee address; City; State; Zip Code 500 W Overland Ste 200 El Paso TX 79901	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Other	(b) Description (If travel outside of Texas, complete Schedule T) Activator Voter database service
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/8/13	Payee name City of El Paso	
Amount (\$) 250	Payee address; City; State; Zip Code 300 N. Campbell El Paso, TX 79901	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) Candidate filing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/8/13	Payee name ALL Print	
Amount (\$) 1558.79	Payee address; City; State; Zip Code 7230 D Gateway East El Paso TX 79915	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Signs and doorhangers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 3/12/13	Payee name Office Depot	
Amount (\$) 109.30	Payee address; City; State; Zip Code 9801 Gateway Blvd El Paso TX 79925	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printer Cartridge & paper
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

CITY CLERK DEPT.

SCHEDULE G

2013 APR 11 PM 2:20

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers)

Tania Choze

4 Date

5 Payee name

n/a

6 Amount (\$)

7 Payee address; City; State; Zip Code

☐ Reimbursement from
political contributions
intended

**8 PURPOSE
OF
EXPENDITURE**

(a) Category (See categories listed at the top of this schedule)

(b) Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

☐ Reimbursement from
political contributions
intended

**PURPOSE
OF
EXPENDITURE**

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

☐ Reimbursement from
political contributions
intended

**PURPOSE
OF
EXPENDITURE**

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

☐ Reimbursement from
political contributions
intended

**PURPOSE
OF
EXPENDITURE**

Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

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PAYMENT FROM POLITICAL CONTRIBUTIONS DEPT. TO A BUSINESS OF C/OH

SCHEDULE H

2013 APR 11 PM 2:20

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME <i>Tania Chozet</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Business name <i>n/a</i>	
6 Amount (\$)	7 Business address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

CITY CLERK DEPT. SCHEDULE I

2013 APR 11 PM 2:20

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I:	2 FILER NAME <i>Tania Choze</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name <i>n/a</i>	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)

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**INTEREST EARNED, OTHER CREDITS/GAINS/
REFUNDS, AND PURCHASE OF INVESTMENTS**CLERK DEPT
2013 APR 11 PM 2:20**SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: 0
2 FILER NAME <i>Tania Chozet</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>n/a</i>	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received	8 Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received	Amount (\$)
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**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS**

CLERK DEPT. SCHEDULE T

2013 APR 11 PM 2:20

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 2
2 FILER NAME <i>Tania Chozet</i>		3 ACCOUNT # (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee		
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	

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